S. No. 300
v. 10-48

FILED DEC 21 1950

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43190

BIRTH NO. ______ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3026

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. COUNTY: ~~MISSOURI~~ St Louis	a. STATE: MISSOURI; b. COUNTY: ~~PINE LAWN, MISSOURI~~ ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PINE LAWN MISSOURI; c. LENGTH OF STAY (in this place):	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 15 PINE LAWN 4150
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3739 MANOLA AVE	d. STREET ADDRESS (If rural, give location): 3739 MANOLA AVE 0

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ANNA M. GALLAGHER	DEC. 12, 1950

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F 1	WHITE	MARRIED 1	NOV. 4, 1879	71	1	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		ST. LOUIS, MO. 0	U.S.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
CLEMENS MESSMANN	JOHNANNA FRANKE	JAMES J. GALLAGHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
		JAMES. J. GALLAGHER 3739 MANOLA. AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Thrombosis	2 L
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arterio Sclerosis	
DUE TO (c)	Cerebral Hemorrhage	
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	331X	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 2 *19*50 *to* Dec 11 *19*50, *that I last saw the deceased alive on* 11 *19*50 *and that death occurred at* 8 Am. *m., from the causes and on the date stated above:* → 0

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph. Davis M.D.	Wises Bldg.	12/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	15 DEC. ~~14~~, 1950	CALVARY CEMETERY	ST. LOUIS. MO.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
12/15/50	Herbert R Domke MD FB	SULLIVAN FUNERAL DIRECTORS.

(Licensed Embalmer's Statement on Reverse Side) 2849 N. Euclid.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

working under my personal supervision. Student Embalmer No. .....

Signed Robert W. Dinkmon

Signed .....
Student Embalmer

Licensed Embalmer No. 3553

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.